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(Signature FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE Sheldon J. Gott 9129-110 10/609,259 06/26/2003 6343 TITLE OF INVENTION: HIGH-RESOLUTION MAGNETOENCEPHALOGRAPHY SYSTEM, COMPONENTS AND METHOD PUBLICATION FEE DUE PREV, PAID ISSUE FEE SMALL ENTITY ISSUE FEE DUE TOTAL FEE(S) DUE APPLN. TYPE DATE DUE \$0 \$700 \$300 \$1000 12/07/2006 YES nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS 600-409000 CHENG, JACQUELINE 3768 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list DUCKOR SPRADLING METZGER & WYNNE (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a ² Bernard L. Kleinke. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE San Diego, California Tristan Technologies, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔟 Corporation or other private group entity 🛄 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: 🗹 Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any Advance Order - # of Copies 3. overpayment, to Deposit Account Number 502635 (enclose an extra copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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5. Change in Entity Status (from status indicated above)

Typed or printed name BERNARD L. KLEINKE

Authorized Signature

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No. 22123

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